County: Columbia LODI GOOD SAMARITAN CENTER 700 CLARK STREET

Non-Profit Church Related Skilled No Yes

86

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Average Daily Census:

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No No No Yes No No No Yes	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	0. 0 35. 7 7. 1 0. 0 2. 4 3. 6 6. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	2. 4 2. 4 33. 3 47. 6 14. 3	Less Than 1 Year 1 - 4 Years More Than 4 Years *********************** Full-Time Equival Nursing Staff per 100	
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No Yes No	Cardiovascul ar Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	17. 9 11. 9 2. 4 4. 8 8. 3 100. 0	65 & Over Sex Male Female	97. 6 	RNs LPNs Nursing Assistants Aides & Orderlies	18. 3 3. 4 39. 3

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent	
			Per Die	m		Per Diem			Per Diem			Per Diem		Per Diem Total			Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 7	\$125. 36	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 2%
Skilled Care	6	100.0	\$270.64	55	94.8	\$106.69	0	0.0	\$0.00	15	75. 0	\$150.00	0	0.0	\$0.00	76	90. 5%
Intermedi ate				2	3.4	\$88. 02	0	0.0	\$0.00	5	25. 0	\$140.00	0	0.0	\$0.00	7	8. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	6	100.0		58	100. 0		0	0.0		20	100.0		0	0.0		84	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 4.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 3.7 Bathi ng 3. 6 40.5 **56.** 0 84 Other Nursing Homes 3. 7 **Dressing** 16. 7 **50.** 0 33. 3 84 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 47.6 80. 5 31.0 21.4 84 25.0 39.3 0.0 Toilet Use 35. 7 84 0.0 Eating 58. 3 28.6 13. 1 84 Other Locations ******** 7.3 Total Number of Admissions 82 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.8 8.3 Private Home/No Home Health 18.1 Occ/Freq. Incontinent of Bladder 61.9 0.0 Private Home/With Home Health 36. 1 Occ/Freq. Incontinent of Bowel 52.4 0.0 Other Nursing Homes 2.4 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.0 Mobility 3. 6 Physically Restrained 3.6 0.021.4 0.0 Other Locations 6.0 Skin Care Other Resident Characteristics Deaths 31.3 With Pressure Sores 3. 6 Have Advance Directives 86.9 Total Number of Discharges With Rashes 20. 2 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) **69.** 0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownershi p:				Si ze:		ensure:				
	Thi s	Non	profit	50-	. 99	Ski l	led	All Facilities			
	Facility		Group	Peer	Group	Peer	Group				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90. 5	92. 8	0. 98	86. 6	1.05	87. 0	1. 04	84. 5	1.07		
Current Residents from In-County	48. 8	73. 6	0. 66	69. 4	0. 70	69. 3	0. 70	77. 5	0. 63		
Admissions from In-County, Still Residing	15. 9	26. 8	0. 59	19. 5	0. 81	22. 3	0. 71	21. 5	0. 74		
Admissions/Average Daily Census	95. 3	86. 5	1. 10	130. 0	0. 73	104. 1	0. 92	124. 3	0.77		
Discharges/Average Daily Census	96. 5	83. 8	1. 15	129. 6	0.74	105. 4	0. 92	126. 1	0.77		
Discharges To Private Residence/Average Daily Census	52. 3	28. 3	1.85	47. 7	1. 10	37. 2	1.41	49. 9	1.05		
Residents Receiving Skilled Care	91. 7	89 . 0	1.03	89. 9	1.02	87. 6	1. 05	83. 3	1. 10		
Residents Aged 65 and Older	97. 6	97. 3	1.00	95. 4	1.02	93. 4	1.04	87. 7	1. 11		
Title 19 (Medicaid) Funded Residents	69. 0	67. 3	1.03	68. 7	1.01	70. 7	0. 98	69. 0	1.00		
Private Pay Funded Residents	23. 8	27. 1	0. 88	22. 6	1.05	22. 1	1.08	22. 6	1.05		
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00		
Mentally Ill Résidents	42. 9	32.8	1. 31	35. 9	1. 19	37. 4	1. 15	33. 3	1. 29		
General Medical Service Residents	8. 3	22. 4	0. 37	20. 1	0.41	21. 1	0. 39	18. 4	0.45		
Impaired ADL (Mean)	52. 6	49. 0	1.07	47.7	1. 10	47. 0	1. 12	49. 4	1.07		
Psychological Problems	69. 0	46. 3	1.49	49. 3	1.40	49. 6	1. 39	50. 1	1. 38		
Nursing Care Required (Mean)	7. 1	7. 6	0. 94	6. 6	1.09	7. 0	1. 01	7. 2	1.00		